



**HSHS**  
**St. Francis**  
**Hospital**

# 2024 Community Health Needs Assessment

An assessment of Montgomery and Macoupin Counties, Illinois, conducted by HSHS St. Francis Hospital.



## Table of Contents

Executive Summary .....	4
Background .....	4
Identification and Prioritization of Needs.....	4
Implementation Plan Development .....	5
Hospital Background .....	5
Current Hospital Services and Assets .....	6
New Services and Facilities .....	6
Hospital Accreditations and Awards .....	6
Community Served by the Hospital.....	7
Demographic Profile of Montgomery and Macoupin Counties .....	7
Process and Methods Used to Conduct the Assessment .....	8
Internal.....	8
External .....	8
Defining the Purpose and Scope .....	9
Data Collection and Analysis.....	9
Data Sources .....	9
Input from Persons Who Represent the Broad Interests of the Community .....	10
Input from Community Stakeholders .....	10
Input from Members of Medically Underserved, Low Income and Minority Populations .....	10
Input on FY2021 CHNA .....	10
Prioritizing Significant Health Needs.....	11
Overview of Priorities.....	11
Access to Mental Health and Substance Use Services .....	11
Access to Care: Focus on Chronic Conditions .....	11
Potential Resources to Address the Significant Health Needs.....	12
Next Steps.....	12
Approval .....	13
APPENDICES	
Appendix I.....	15
Community Health Guiding Principles	
Appendix II .....	18
2024 Community Survey	
Appendix III.....	21
2024 Community Survey Analysis	
Appendix IV .....	26
2024 Montgomery and Macoupin Counties Community Health Needs Assessment: Priorities Analyzed, Reviewed and Prioritized	
Appendix V.....	28
2024 Montgomery and Macoupin Counties Community Health Needs Assessment: Community Advisory Committee Letter and Meeting Dates	
Appendix VI .....	30
Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2022 - FY2024 CHNA	

## Executive Summary

### Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources, to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence, assets and resources identified in the CHNA process.

Triennially, HSHS St. Francis Hospital conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2021.

In FY2024 (July 1, 2023 through June 30, 2024), St. Francis Hospital conducted the triennial CHNA. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Montgomery and Macoupin counties were assessed.

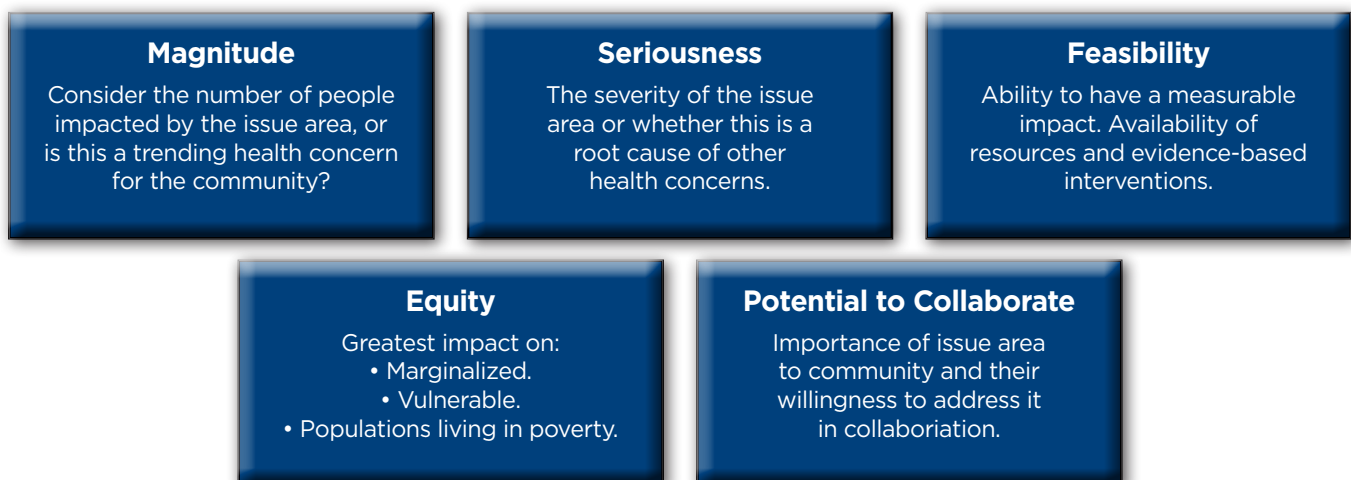
Data collected was supplemented with:

1. Community gaps analysis review.
2. Community assets review.
3. Qualitative data gathered through a CHNA core group.
4. Qualitative data reviewed by a community advisory council (CAC) with broad community representation.
5. Focus groups, including input from area health and social service providers, as well as community members who identify with the needs addressed.
6. Local leader input.
7. Internal advisory council.

### Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified nine health focus areas from extant data sources. A pre-determined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

*Diagram One: Defined Criteria for Community Health Needs Assessment*



HSHS Community Health identifies three guiding principles to achieving sustainable community health. Those principles are considered throughout each step in this process:

1. Health care is efficient and equitable.
2. Good health flourishes across geographic, demographic and social sectors.
3. Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health (see Appendix I: Community Health Guiding Principles).

The CHNA core group provided a thorough review of existing and supplemental data sets around the nine identified health focus areas to the CAC. The CAC used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to six. These focus areas were presented to the community through a community survey (see Appendices II and III for the survey tool and analysis). The survey sought the community's feedback to prioritize the needs based on their perceptions and experiences.

Results from the survey were then presented to the CHNA core group's respective internal advisory councils for further review and approval. St. Francis' internal advisory council approved the three priority areas recommended through the CAC and survey process. See Appendix IV for a complete list of needs considered.

These were the top three health needs identified based on the defined criteria, focus group results, stakeholder input from the CAC and internal input from St. Francis' leaders.

- Access to mental health services
- Access to behavioral health services: substance use disorder
- Accessing available care: unmanaged chronic conditions

## Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" - a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

## Hospital Background

St. Francis Hospital is a critical access hospital located in Montgomery County, Illinois. For more than 143 years, the hospital has provided health and wellness services to Macoupin and Montgomery counties. St. Francis Hospital provides a wide range of specialties, including a cancer care center, cardiopulmonary, emergency care, orthopedics, rehabilitation services, family maternity center, surgery center, sleep studies, radiology, laboratory, heart care and wound care.

St. Francis Hospital partners with other area organizations to address the health needs of the community, with a focus on the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly integrated health care delivery system serving more than 2.6 million people in rural and midsized communities in Illinois and Wisconsin. With 13 hospitals, scores of community-based health centers and clinics, over 1,000 providers and more than 11,000 colleagues, HSHS is committed to its mission "to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry."

St. Francis Hospital has a rich and long tradition of addressing the health needs of the communities it serves. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2023, the hospital's community benefit contributions totaled \$1,399,319.

## Current Hospital Services and Assets

Major Centers and Services	Statistics
<ul style="list-style-type: none"> <li>• Cancer Care Center</li> <li>• Cardiopulmonary</li> <li>• Emergency Care</li> <li>• Orthopedics</li> <li>• Rehabilitation Services</li> <li>• Family Maternity Center</li> <li>• Surgery Center</li> <li>• Sleep Studies</li> <li>• Radiology</li> <li>• Laboratory</li> <li>• Heart Care</li> <li>• Wound Care</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 25</li> <li>• Total Colleagues: 194</li> <li>• Bedside RNs: 55</li> <li>• Inpatient Admissions: 1,410</li> <li>• Emergency Department (ED) Visits: 10,354</li> <li>• Births: 148</li> <li>• Inpatient Surgeries: 110</li> <li>• Outpatient Surgeries: 2011</li> <li>• Physicians on Medical Staff: 38</li> <li>• Volunteers: 240</li> <li>• Community Benefit: \$1,399,319</li> </ul>

## New Services and Facilities

- New nine-bed ED opened May 1, 2020.
- St. Francis Way Clinic opened April 1, 2021, to treat addiction disorders.
- Wound Care Center opened March 15, 2023, to treat chronic non-healing wounds.

## Hospital Accreditations and Awards

- Gold seal of approval from The Joint Commission.
- Licensed by the Illinois Department of Public Health.
- Cardiovascular/pulmonary rehabilitation program certification by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) (2022)
- Human Experience (HX) Guardian of Excellence Award® winner (employee experience) from Press Ganey (2023).
- Top hospitals nationwide for staff responsiveness, based on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, by Becker’s Healthcare (2023).
- Top critical access hospitals in Illinois by Becker’s Healthcare (2023).

## Community Served by the Hospital

Although St. John’s Hospital serves Sangamon, Cass, Christian, Greene, Logan, Macoupin, Menard, Montgomery, Morgan and Scott counties and beyond, for the purposes of the CHNA, the hospital defined its primary service area and populations as Sangamon County. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

### *Demographic Profile of Montgomery and Macoupin Counties*

Characteristics	Illinois	Montgomery 2023	Macoupin 2023
Total Population	12,549,689	27,633	44,018
Median Age (years)	38.7	42.7	44
Age			
Under 5 years	5.4	5	5.1
Under 18 years	21.6	20	20.5
65 years and over	17.2	21.4	22
Gender			
Female	50.5	47.1	50.2
Male	49.5	52.9	59.8
Race and Ethnicity			
White (non-Hispanic)	76.1	94.3	96.7
Black or African American	14.7	3.8	1.2
American Indian or Alaska Native	0.6	0.3	0.4
Asian	6.3	0.5	0.4
Hispanic or Latino	18.3	2.1	1.3
Speaks language other than English at home			
	23.4	2.3	1.5
Median household income			
	78,433	61,796	64,706
Percent below poverty in the last 12 months			
	11.9	15.1	12.1
High School graduate or higher, percent of persons age 25+			
	90.1	89.7	91.0

## Process and Methods Used to Conduct the Assessment

### Internal

St. Francis Hospital undertook an eight-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

1. Identified the CHNA core group comprised of St. Francis Hospital and Hospital Sisters Health System.
2. Convened a CAC to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2025-FY2027 CHNA priorities.

### External

St. Francis Hospital worked with a core group of partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Montgomery and Macoupin counties.

Representation on the CAC was sought from health and social service organizations that:

1. Serve low-income populations.
2. Serve at-risk populations.
3. Serve minority members of the community.
4. Represent the general community.

The following community stakeholders were invited to serve on the external advisory committee:

- Carlinville Area Hospital\*
- Carlinville Catholic Charities\*
- CEFS Economic Opportunity Corporation\*
- City of Nokomis
- First Baptist Church in Litchfield
- Hillsboro Area Hospital\*
- Litchfield Chamber of Commerce
- Litchfield Community School District #12\*
- Litchfield Police Department
- Locust Street Clinic\*
- Macoupin County Health Department\*
- Macoupin Family Practice\*
- Montgomery County Economic Development
- Montgomery County Farm Bureau
- Montgomery County Health Department\*
- Montgomery County Housing Authority\*
- St. Francis Way Clinic\*
- Staunton Hospital\*
- Village of Filmore

\* Denotes groups representing medically underserved, low-income and minority populations



The CAC helped the core group review existing data and offered insights into community issues affecting that data. The CAC also helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See Appendix IV for the CAC charter and meetings.

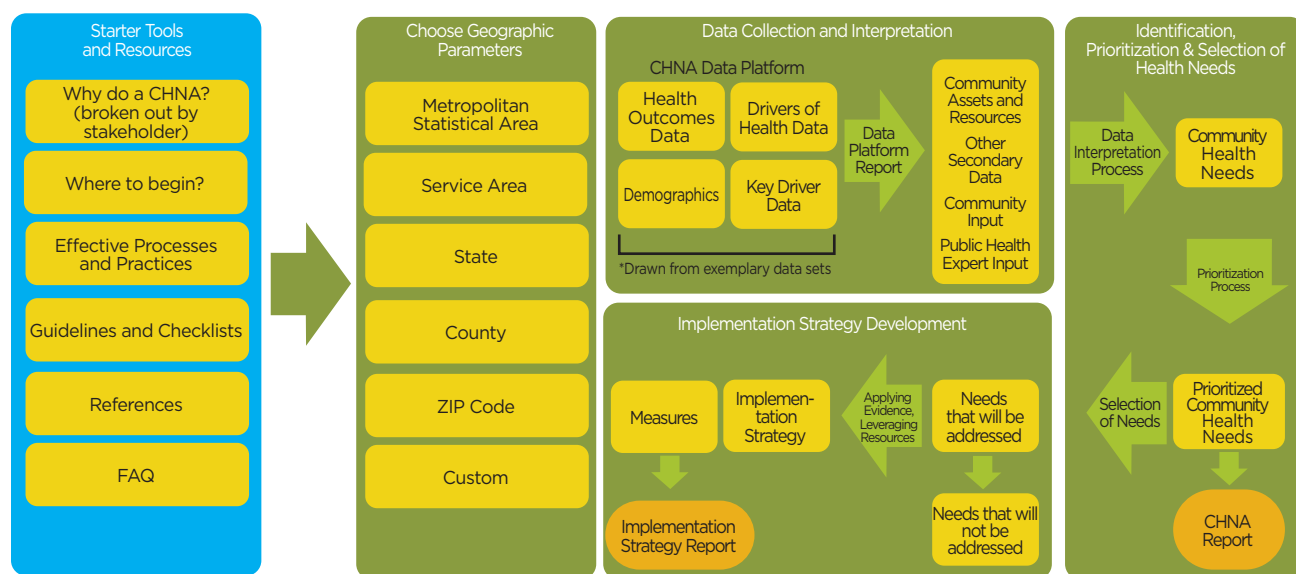
## Defining the Purpose and Scope

The purpose of the CHNA was to:

1. Evaluate current health needs of the hospital's service area.
2. Identify resources and assets available to support initiatives to address the health priorities identified.
3. Develop an implementation plan to organize and help coordinate collaborative efforts impacting the identified health priorities.
4. Establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

## Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation process is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



## Data Sources

The CHNA process utilizes both primary data, including hospital data, focus groups and key stakeholder meetings, as well secondary data. Secondary data sources include the Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau and Centers for Disease Control and Prevention data sources. In addition, this data was supplemented with information from:

- State Health Improvement Plan-SHIP
- Illinois Kids Count Report
- USDA Food Map - Food Deserts
- HRSA Health Center Program: Central Counties Health Centers, Inc.
- HRSA Health Center Program: Southern Illinois University
- 500 Cities Project
- County Health Rankings
- Illinois Report Card
- Illinois Kids Count Report
- Illinois Public Health Community Map
- ALICE Report

The data was gathered into a written report/presentation and shared with community members through the community survey and key stakeholder meetings as described below.

## **Input from Persons Who Represent the Broad Interests of the Community**

St. Francis Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2021 CHNA, the hospital planned, implemented and evaluated strategies to address the top three identified community health needs: access to mental and behavioral health treatment, workforce development and food insecurity. This year's assessment built on that collaboration, actively seeking input from a cross section of community stakeholders with the goal of reaching consensus on priorities to best focus our human, material and financial resources.

### **Input from Community Stakeholders**

The CAC was used as the primary stakeholder group to review and force rank data. During a 90-minute virtual meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas. Lastly, their feedback was instrumental in developing the implementation plan.

The core group developed and implemented a community survey. Feedback was received from a diverse representation of Montgomery and Macoupin counties based on age, race, ethnicity, socioeconomic status, disability status, religion, employment, education, sexual orientation, etc. (See Appendices II and III for a review of the survey tool and analysis.) More than 80 individuals participated. Community advisory council and survey outcomes were presented to the core group's respective internal advisory teams. The results were used to guide further discussion around final priority selection.

### **Input from Members of Medically Underserved, Low Income and Minority Populations**

HSHS and St. Francis Hospital are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. It is HSHS's belief that the CHNA process must be informed by input from the poor and vulnerable populations served. To ensure the needs of these groups were adequately represented, representatives from such organizations were included as noted on page 9. These organizations serve the under resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food. Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure needs of the most vulnerable persons in area communities were addressed.

### **Input on FY2021 CHNA**

No written comments were received regarding the FY2021 CHNA.

## Prioritizing Significant Health Needs

Members of St. Francis Hospital's administration team collaborated with key department leaders in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, the hospital considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

Based on the CHNA planning and development process, the following community health needs were identified:

- Access to mental health services
- Access to behavioral health services: substance use disorder
- Accessing available care: unmanaged chronic conditions

As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital. As access issues are explored surrounding poor health outcomes, work will continue on identifying solutions that will lead to a positive impact on each of the issue areas listed below:

- Affordable housing.
- Access to exercise.
- Food insecurity.
- Poverty.
- Transportation.
- Homelessness.

### Overview of Priorities

#### Access to Mental and Substance Use Services

Mental and behavioral health are a challenge for both adults and youth in this service area. Mental health surfaced as a priority for St. Francis Hospital in FY2015, FY2018 and FY2021. It also emerged as a priority for other hospitals in Montgomery and Macoupin counties. Data for adults suggests there are two times as many suicides for Montgomery County and four times as many suicides for Macoupin County than state levels. In addition, there were more opioid overdose deaths among adults in both counties than cocaine and alcohol overdose deaths combined.

Part of the reason these issues could have persisted over the years is that there is little access to social workers, psychologists and psychiatrists in this area compared to state averages. Surveys confirmed the challenges of obtaining mental health access in a timely manner and also shared the view that when services are available, there is not always a supportive network encouraging treatment.

#### Accessing available care: unmanaged chronic conditions

Access barriers are experienced differently across demographics. Issues such as transportation, access to exercise, food insecurity and safe and affordable housing came up throughout the secondary data exploration and the community survey responses. In both counties, 1 in 5 adults report they do not have a regular exercise routine; and only 30% of respondents reported they feel they eat healthy. Montgomery and Macoupin counties have a higher rate of adults who smoke and consume alcohol compared to the state of Illinois. Additionally, both counties have a higher percentage of adults with a body mass index (BMI) that is considered obese.

Barriers to accessing preventive and timely care, such as the ones listed above, may exacerbate unhealthy behaviors leading to unmanaged chronic conditions.

## Potential Resources to Address the Significant Health Needs

The following resources will be considered when developing the implementation plan:

### Hospitals and related medical groups

- Carlinville Area Hospital
- Community Memorial Hospital
- Hillsboro Area Hospital
- Litchfield Family Practice

### Other Community Organizations and Government Agencies:

- Aperion Care
- HSHS Medical Group
- Litchfield Family Practice
- Litchfield Park District
- Locust Street Clinic
- Macoupin County Health Department
- Maple Street Clinic
- Montgomery County Health Department
- St. Francis Way Clinic
- Standing Against Addiction and Drugs
- UI Extension

More than 100 agencies, non-profit organizations, governmental organizations, educational institutions, city and county resources, and social service and health care organizations are available to meet identified needs.

Those organizations include, but are not limited to:

- Local social service organizations.
- Local health care organizations.
- Neighborhood associations in impacted neighborhoods.
- County health department.
- Public health department.
- County offices.
- Non-profit organizations.
- Private and public schools.
- Community coalitions and task forces.

## Next Steps

After completing the FY2024 CHNA process and identifying the top priority health needs, next steps include:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies.
- Developing a three-year implementation plan (FY2025 through FY2027) to address identified health needs.
- Integrating the implementation plan with organizational strategic planning and budgeting to ensure the proper allocation of human, material and financial resources.
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicizing the CHNA report and implementation plan on <https://www.hshs.org/st-francis/about-us/community-health-needs-assessment>. Hard copies available upon request.

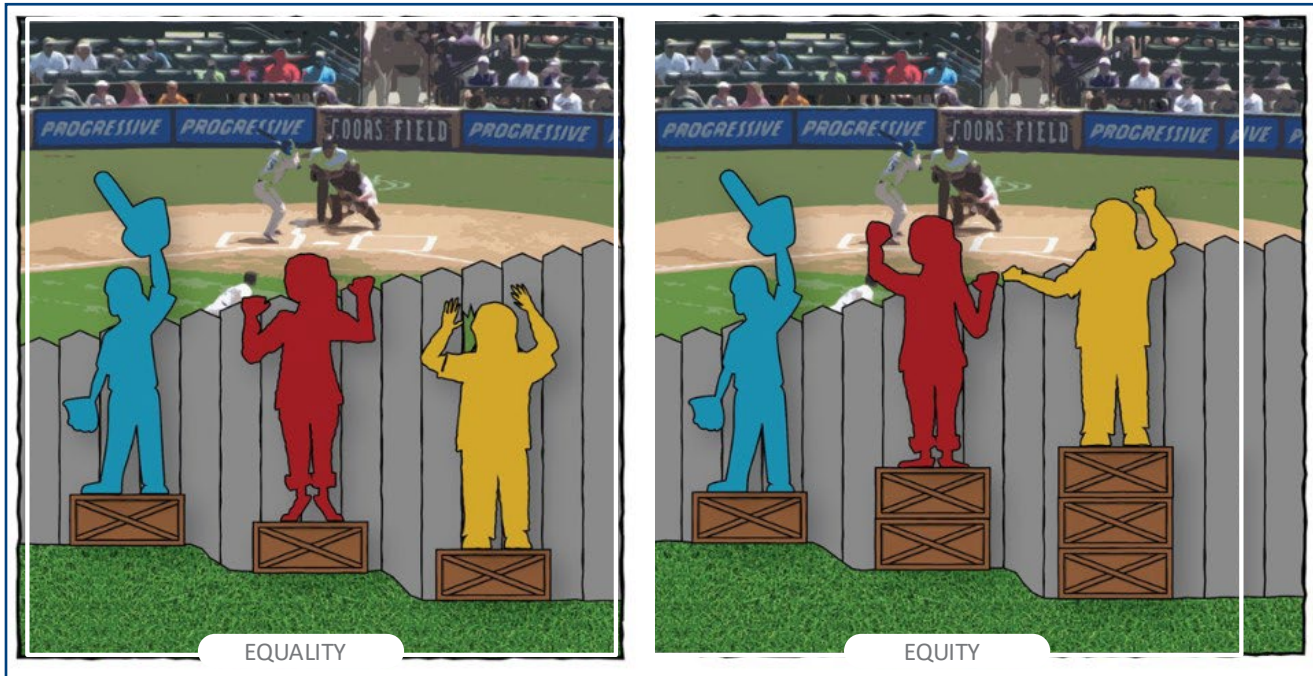
## Approval

The FY2024 CHNA report was adopted by the hospital's governing board on June 13, 2024.

## **APPENDIX I**

### **Community Health Guiding Principles**

## Principle One: Health Care is Efficient and Equitable

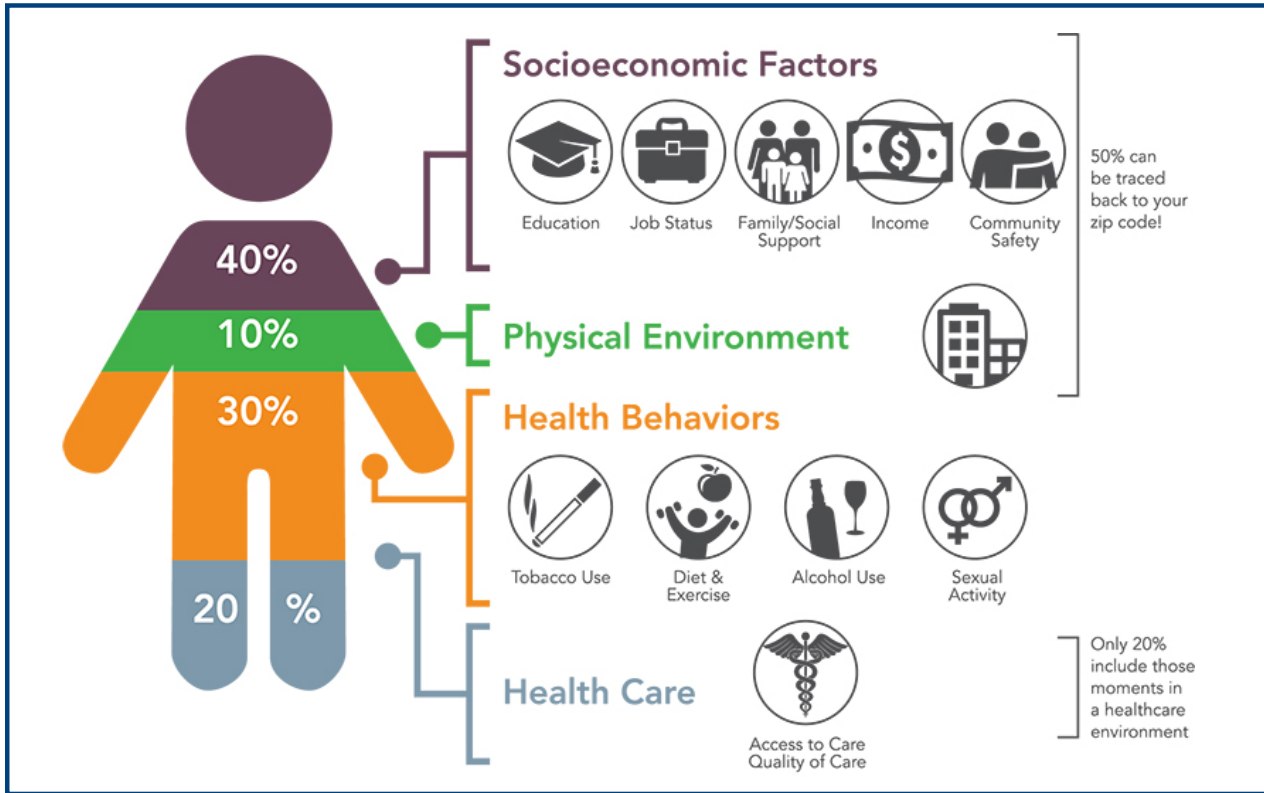


This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **Equality** is treating everyone **the same**. It **ignores** our **differences**, and it **ignores** our **unique** needs.
- Equality can only work if everyone **starts from the same place**. Often, we are starting from different places and need resources allocated accordingly.
- Equality recognizes that **fairness means equality** — every person gets one box.

- **Equity** actively **moves everyone closer to success** by leveling the playing field.
- Equity recognizes **not everyone starts at the same place**, and not everyone has the same needs.
- Equity recognizes that fairness means **each person has the same access based on resources needed**.

## Principle Two: Good health flourishes across geographic, demographic and social sectors



Good health flourishes when we acknowledge and address disparities that affect a wide range of health risks and outcomes

### Socioeconomic factors:

Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization and more.

### Neighborhood and Physical Environment:

1. Where someone lives impacts wellbeing.
2. Robert Wood Johnson analysis of life expectancy by ZIP code found that where one lives is one of the leading predictors of life expectancy.

### Healthy Behaviors:

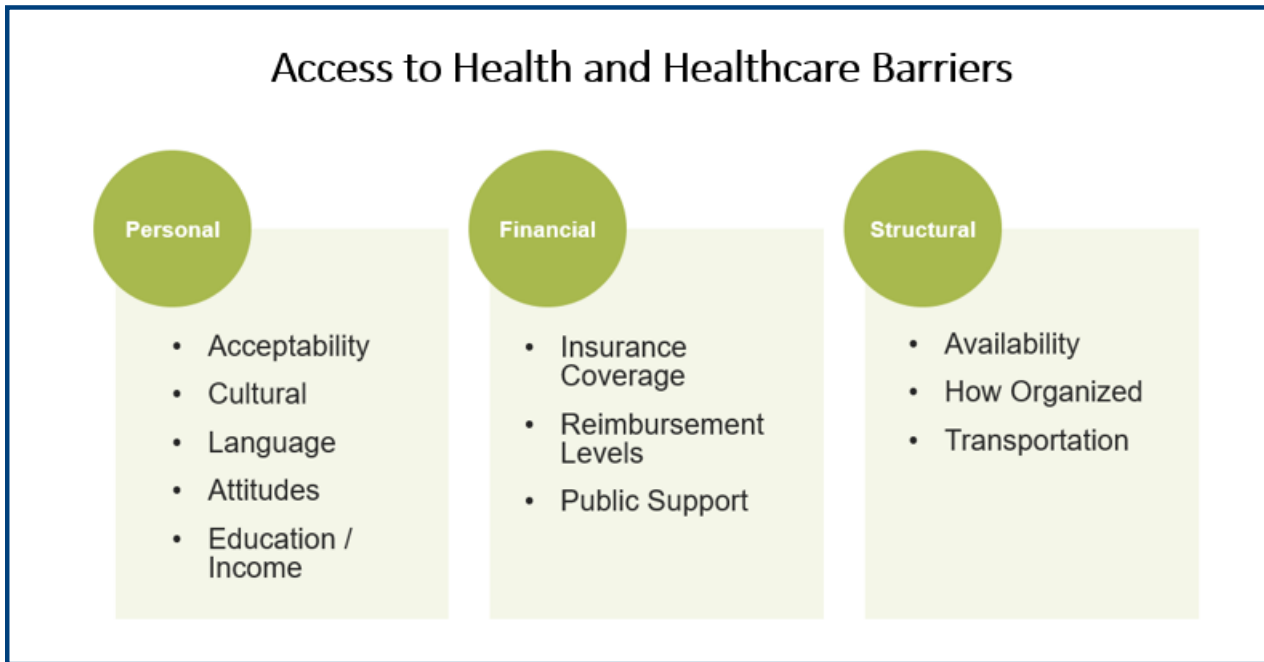
1. May be influenced by socioeconomic factors and physical environment.
2. Indicator of health outcomes.
3. Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma.

### Health Care:

1. Note 20% (some RWJ studies indicate 10% - 20%).
2. If our emphasis is on health care access, we are missing the opportunity for clinical and non-clinical community-based linkages to drive sustainable individual and population health improvement.



## Principle Three: Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as equity, health disparities, social determinants of health and cultural indicators can be used to support the advancement of health equity.

These principles show the foundation HSHS ministries use to progress toward more equitable communities while addressing the top needs identified through the triennial CHNA process.

## **APPENDIX II**

### **2024 Community Survey**



**This survey will take less than five minutes. Thank you for helping us find ways to create a healthier community. This survey is being conducted by HSHS St. Francis Hospital in Litchfield.**

**1. In what year were you born? (enter 4-digit birth year; for example, 1976)**

\_\_\_\_\_

**2. What is your gender?**

Male

Female

Other, please specify: \_\_\_\_\_

Prefer not to say

**3. What is the highest level of education you have completed?**

- a. Less than high school
- b. Some high school
- c. High school diploma or equivalent
- d. Trade or technical school beyond high school
- e. Some college
- f. Four-year college degree
- g. More than four-year college degree

**4. What is your approximate average household income?**

- a. Less than \$20,000
- b. \$20,001 - \$40,000
- c. \$40,001 - \$60,000
- d. \$60,001 - \$80,000
- e. \$80,001 - \$100,000
- f. \$100,000+
- g. Retired
- h. Prefer not to answer

**5. Select the option(s) that best describe your race/ethnicity:**

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Hispanic, Latino, or Spanish Origin
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other race or ethnicity



**6. What is your zip code?**

---

**7. What is your disability status?**

Do not have a disability

Have a disability

Prefer not to say

**8. Rank the following health concerns in order from 1 (most important health concern) to 5 (least important health concern).**

- |                                    |          |
|------------------------------------|----------|
| a. Affordable Housing              | 1. _____ |
| b. Homelessness                    | 2. _____ |
| c. Mental Health/Behavioral Health | 3. _____ |
| d. Substance Use Disorder          | 4. _____ |
| e. Transportation                  | 5. _____ |

**9. How would you rate YOUR overall health?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**10. How would you rate the health of Macoupin County?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**11. How would you rate the health of Montgomery County?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**12. What do you think is/are the biggest health problems facing Macoupin and Montgomery counties?**

---

---

---

**13. What is the one thing you would do to make the health of Macoupin and Montgomery counties better?**

---

---

---

## **APPENDIX III**

### **2024 Community Survey Analysis**

# Macoupin & Montgomery County Community Health Needs Assessment 2024

Powered by  SurveyMonkey

**86**

Total Responses

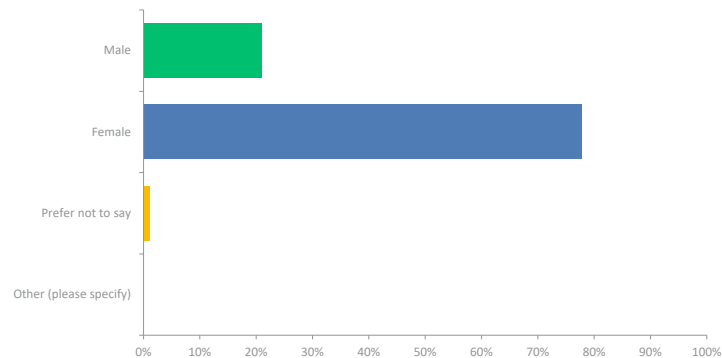
Date Created: Friday, March 01, 2024

Complete Responses: 86

Powered by  SurveyMonkey

## Q2: What is your gender?

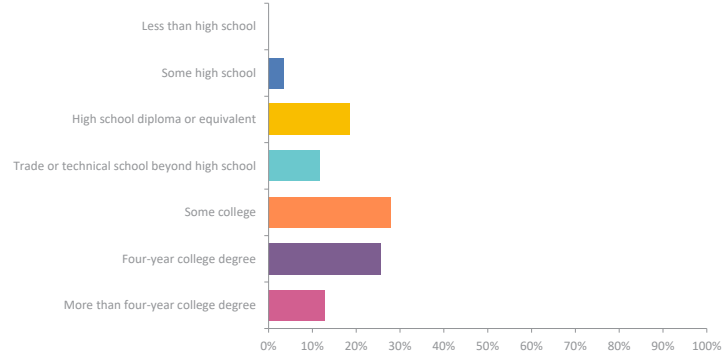
Answered: 86 Skipped: 0



Powered by  SurveyMonkey

**Q3: What is the highest level of education you have completed?**

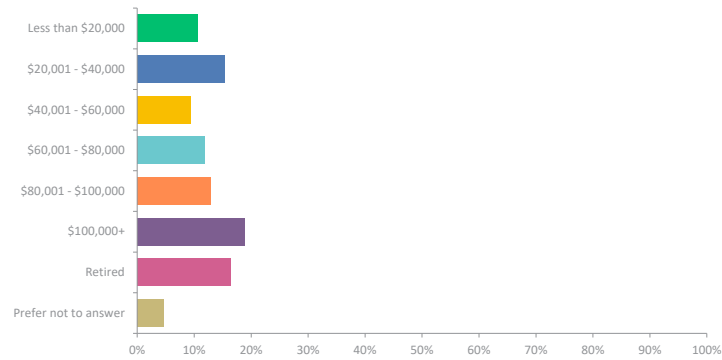
Answered: 86 Skipped: 0



Powered by SurveyMonkey

**Q4: What is your approximate average household income?**

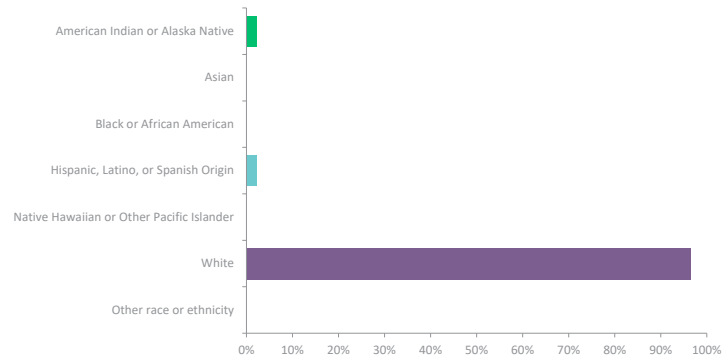
Answered: 85 Skipped: 1



Powered by SurveyMonkey

**Q5: Select the option(s) that best describe your race/ethnicity:**

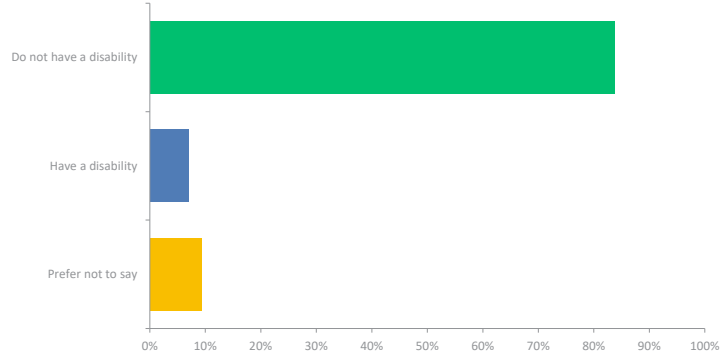
Answered: 86 Skipped: 0



Powered by SurveyMonkey

**Q7: What is your disability status?**

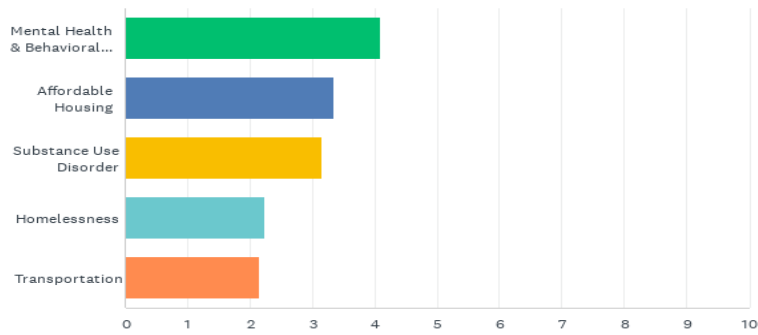
Answered: 86 Skipped: 0



Powered by SurveyMonkey

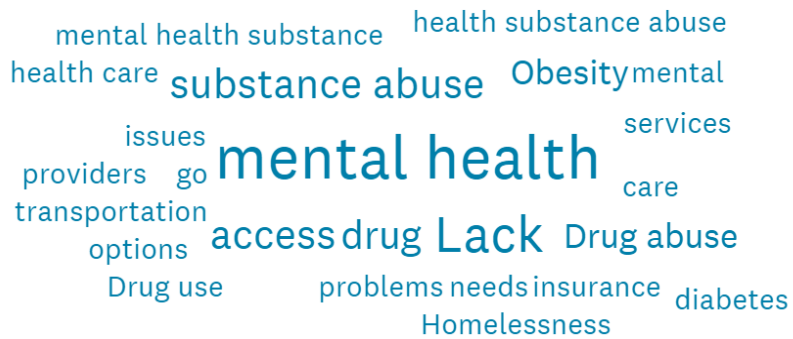
**Q8. Rank the following health concerns in order from 1 (most important health concern) to 6 (least important health concern) by dragging your choices up or down.**

Answered: 85 Skipped: 1



Powered by SurveyMonkey

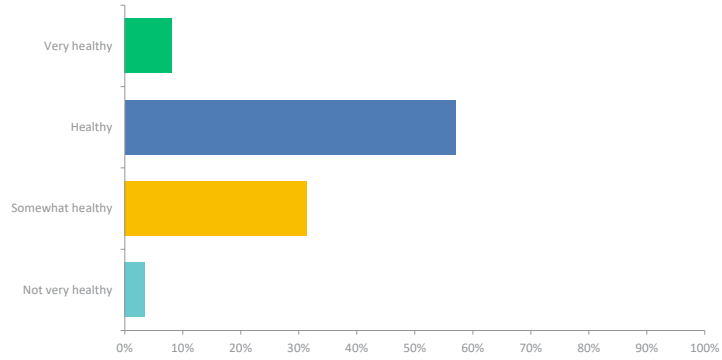
**Biggest health problems facing Macoupin and Montgomery counties?**





**Q9: How would you rate YOUR overall health?**

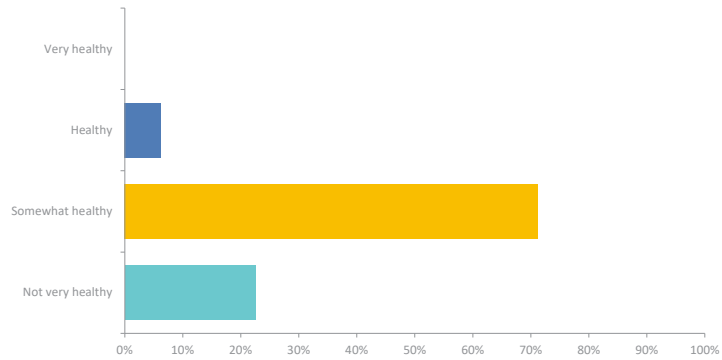
Answered: 86 Skipped: 0



Powered by SurveyMonkey

**Q10: How would you rate the health of Macoupin County?**

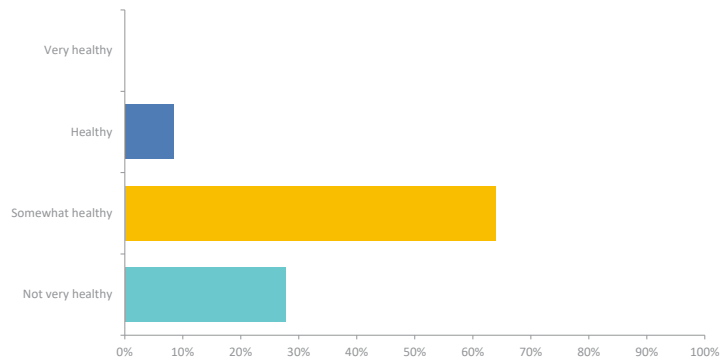
Answered: 80 Skipped: 6



Powered by SurveyMonkey

**Q11: How would you rate the health of Montgomery County?**

Answered: 83 Skipped: 3



Powered by SurveyMonkey

## **APPENDIX IV**

### **2024 Montgomery and Macoupin Counties Community Health Needs Assessment**

#### **Priorities Analyzed, Reviewed and Prioritized**

Nine original needs were identified by the core group using existing secondary data. The needs identified were:

- Access to care.
- Access to exercise.
- Affordable housing.
- Chronic conditions (prevention and management).
- Food insecurity.
- Mental and behavioral health.
- Poverty.
- Substance use disorder.
- Transportation.

The core group presented the nine needs to the CAC and led them through a forced ranking exercise. At that time, the group chose to add one more issue area for consideration bringing the needs to ten:

- Access to care.
- Access to exercise.
- Affordable housing.
- Chronic conditions (prevention and management).
- Food insecurity.
- Mental and behavioral health.
- Poverty.
- Substance use disorder.
- Transportation.
- Homelessness.

The core group then solicited input from community members through the community survey. St. Francis Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2024 CHNA priorities:

- Mental health
- Behavioral health
- Access to care: Focus on chronic conditions

## **APPENDIX V**

### **2024 Montgomery and Macoupin Counties Community Health Needs Assessment**

### **Community Advisory Committee Letter and Meeting Dates**



February 14, 2024

Dear Community Partner,

It is time again for HSHS St. Francis Hospital to conduct our Community Health Needs Assessment (CHNA). We hope you or someone from your organization can provide input through our Community Advisory Council (CAC).

**Community Advisory Council Meeting:**

This year, we will conduct ONE virtual CAC meeting on: **March 1, 2024, 10:30 a.m. – 12 p.m.**

**Agenda:**

1. Introduction
2. Data Discussion: a thorough data dive will be sent to you one-week prior to the meeting. The data will include information surrounding the priorities we are asking you to rank.
3. Forced Ranking: you will be asked to rank the priorities.
4. Closing

**Next Steps:**

Following the CAC meeting, a community survey and stakeholder interviews will be held with Montgomery and Macoupin County organizations and community members. Surveys will be available virtually and in hard copy in order to solicit feedback from a broad and diverse range of individuals.

**Final Priority Areas:**

Finally, the information learned from the CAC and community survey will be shared with our internal teams for further discussion and ranking. Once the final CHNA priorities have been identified, we will notify you of the outcome via e-mail. Please note – we may call upon you once again as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating on the advisory council. Please RSVP to Alex Schneider: [alex.schneider@hshs.org](mailto:alex.schneider@hshs.org) by **February 26, 2024**, if you or someone else from your organization will serve in this role.

Please don't hesitate to reach out to us with any questions or further discussion.

Sincerely,

Jim Timpe, MS, RT(N)(MR), FSNMMITS  
President and CEO  
HSHS St. Francis Hospital  
[James.timpe@hshs.org](mailto:James.timpe@hshs.org)

Kimberly Luz-Mobley, MS, CHES  
Executive Director, Community Health  
Hospital Sisters Health System  
[Kim.luz-mobley@hshs.org](mailto:Kim.luz-mobley@hshs.org)

## **APPENDIX VI**

### **Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2022 - FY2024 CHNA**

Based on the CHNA planning and development process described, the following community health needs were identified:

1. Access to Mental and Behavioral Health Treatment
2. Workforce Development
3. Food Insecurity

## Access to Mental and Behavioral Health Treatment

The opioid epidemic is the most significant public health and public safety crisis facing Illinois. Addictions can be treated only when the right referral networks and resources are in place. Because addiction is a chronic disease, people can't simply stop using drugs and be cured. Professional treatments, including medical management of withdraw symptoms, ongoing counseling and post recovery services, are needed to support an individual in their journey to recovery. To support this process, HSHS St. Francis Hospital has developed clinical/community linkages with external experts. By strengthening partnerships, a warm hand-off is offered for patients from hospital to recovery.

**St. Francis Way Clinic:** St. Francis Hospital partnered with Macoupin County Public Health Department to support the opening of the St. Francis Way Clinic in 2021. The clinic's substance use treatment and recovery program has been successful in treating many hospital-referred patients that suffer from opioid addiction. This partnership allows us a direct referral into timely care when needed.

### ***Emergency department-based screening and referral to treatment and recovery***

In FY2021, the substance, treatment and recovery program was fully deployed in St. Francis Hospital's emergency department. This collaborative program, in partnership with Gateway Foundation, is focused on warm handoff services for treatment and recovery of patients presenting with substance use disorder in the emergency department. This collaborative initiative has provided rehab services for more than 60 persons during the CHIP cycle.

The following colleagues work together to identify, screen, assess and transition patients from the emergency department directly to a treatment bed:

- **Engagement specialist:** A certified addictions counselor who promotes substance use disorder treatment services and programs to engage potential clients, completes intake screenings and assessments, evaluates patients' needs, determines appropriate program placement, and completes related forms and records. Maintains collaborative working relationships and regular communication with referral sources to plan and coordinate services and resolve potential barriers to effective treatment.
- **Recovery coach:** A staff person with lived experience who provides support and outreach to individuals in recovery or seeking recovery. Serves as a role model by exhibiting long-term stable personal recovery and use of appropriate coping skills. Maintains relationships with and knowledge of resources for clients. Consults with other treatment team members. Provides resources to assist with recovery and transition.
- **Clinical supervisor:** A clinical leader who is responsible for providing direct supervision to team members delivering services. Oversees client services and ensures compliance with established program standards and service delivery objectives. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures and initiates corrective actions. Assumes client caseload in response to workload or staffing shortages. Interfaces with key staff at assigned community resources to foster exceptional relationships.

## **Workforce Development**

Less than one-in-five adults has a college degree. Approximately 50% of residents have a high school degree or less. This suggests there is a gap in the market for specialty training jobs. The average age in both counties is higher than the state average which shows it is a challenge to keep younger populations in the community.

**Clinical Internship Opportunities:** St. Francis Hospital is committed to teaching the next generation of healthcare providers. Academic partnerships allow for students to work alongside clinicians in an educational setting where they receive hands-on training, correction and problem-solving experience. More than 65 students have completed an internship program with over the last three years. Students are mentored, coached and prepped for career success as they work alongside experienced colleagues.

**Montgomery CEO Entrepreneurship Program:** Entrepreneurship education seeks to prepare youth to be responsible, enterprising individuals who become entrepreneurs or entrepreneurial thinkers and contribute to economic development and sustainable communities. The CEO program is much more than a textbook course. High school students are paired with the chief executive officer and senior leadership team to learn the keys to success while shadowing healthcare leaders.

## **Food Insecurity**

Food insecurity impacts all ages, but especially the youth. Nearly one-in-five children were found to be food insecure, and one in 10 people overall. A lack of access to grocery stores compounds the problem. Focus group discussions revealed the challenges around accessing nutritious food and reported residents often rely on convenience stores to purchase student lunch supplies. While large grocery stores with fresh produce can be found in cities nearby, not everyone has the time or transportation to travel.

**St. Clare Food Pantry:** St. Francis Hospital continues to own and operate the St. Clare's Food Pantry. Montgomery County contains areas known as "food deserts," where residents do not have easy access to healthy food. In the last three years, St. Francis increased contribution by more than \$100,000 to the food pantry and served more than 18,000 Litchfield residents. Participation increased 25%.









